

PRINTER RUSH

(PTO ASSISTANCE)

Application : 09/887878 Examiner : Castro GAU : 2653
 From: Lt (A) Location: IDC FMF FDC Date: 5/10/05
 Tracking #: 06100526 Week Date: 3/2/06

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>3/3/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: 1) Claims Index: please provide a final numbering for claims on the claims index.

Thank you

Lt

[XRUSH] RESPONSE: Claim Index is provided.

INITIALS: AC

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04